



NURSING

ANNUAL REPORT 2021



Boise • Meridian
Hospitals • Ambulatory





**Elizabeth Steger, MSN,
RN, NEA-BC, FACHE**

Senior Vice President
Clinical Practice
Integration and Chief
Nurse Executive/
Magnet CNO

In 2021, St. Luke's and its teams were stretched beyond anything we had ever experienced.

Although I did not join St. Luke's until June 2021, this organization and our nursing team quickly earned my respect.

Our nurses are the cornerstone of our health system's mission to improve the health of people in the communities we serve. You have devoted your lives and careers, especially during the past two years of the pandemic, to supporting our patients and our teams. I want to reinforce my admiration and appreciation for the sacrifices you and your loved ones have made as you invested in caring for our community, adapted to ensure appropriate care for our patients and demonstrated commitment to one another.

As we are moving toward the endemic phase of COVID-19, know that St. Luke's is committed to supporting the well-being and regeneration of our team members as our health system recovers. As a nursing workforce, it is exciting to reimagine how we do our work, and we will need your voice and feedback to do it.

In addition to building a stronger cultural connection as a team, we drive toward reimagination. In 2022, we will create a sustainable nursing workforce plan; revitalize shared governance; test new delivery care methods, allowing each of you to work at the top of your license and competencies; and focus on the development of our nursing team members.

Furthermore, St. Luke's has committed to our important Safety Together initiative, which reaches from our leadership to our front lines and focuses on patient safety by reducing and eliminating preventable harm. Safety Together represents our efforts to create a physically and psychologically safe environment and equips us with proven practices to cement our reputation as a high reliability organization people can consistently count on. This work is at the forefront of our continued improvement and consistency efforts to support all team members, especially our nurses, as they care for patients systemwide.

Joining St. Luke's during such an impactful time has inspired me as a leader, especially as I have had the opportunity to meet so many of you, observe your diligent care and hear so many stories over the past few months. I look forward to continuing this important work and am honored by the opportunity to serve as a leader to our wonderful nursing teams throughout St. Luke's. I am thankful you are living your "why" here with us.

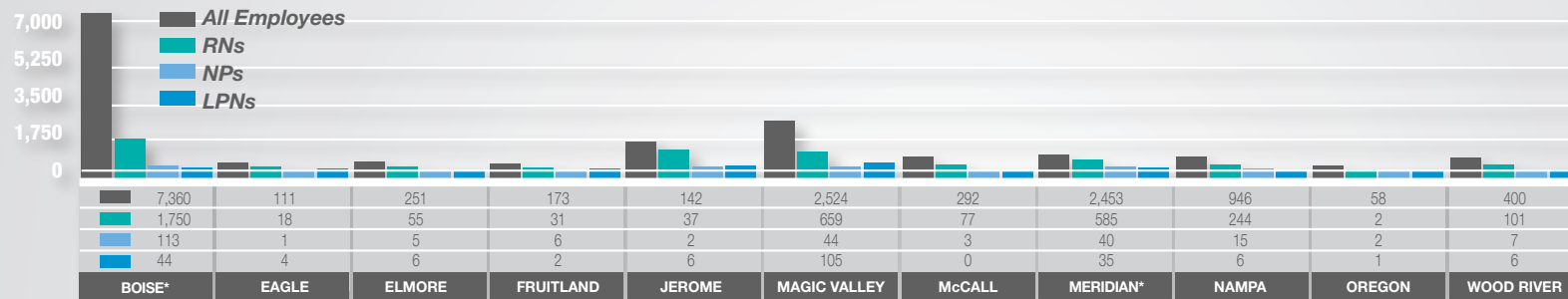
With warm regards,

A handwritten signature in black ink that reads "Elizabeth Steger".

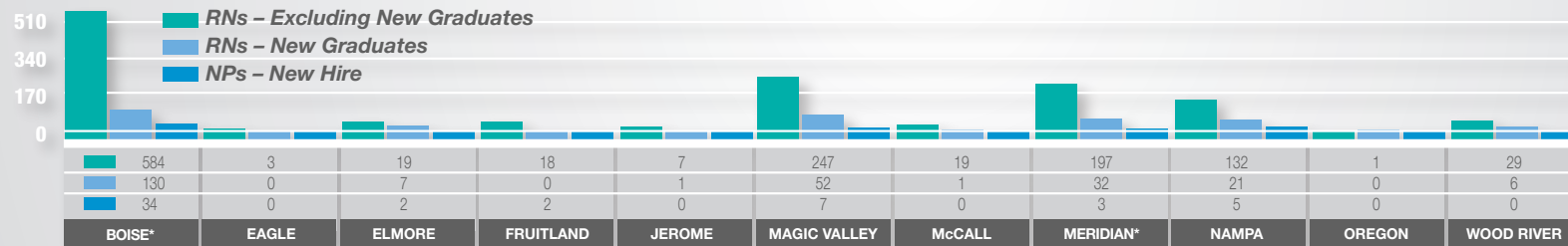
System Demographics

2021 Nursing Demographic Data

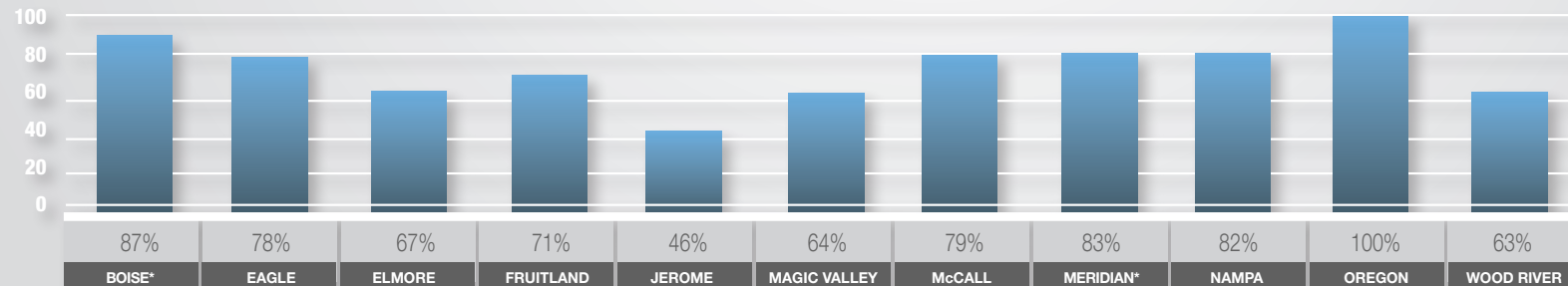
Employee Counts (Total #) – Calendar Year 2021



New Hires Count (#) – Calendar Year 2021



BSN & Above Percentage – All RNs



* Five-time Magnet-designated locations

Transformational Leadership



**Elizabeth Steger, MSN,
RN, NEA-BC, FACHE**

Senior Vice President
Clinical Practice
Integration and Chief
Nurse Executive/Magnet
Chief Nursing Officer



**Arlen Blaylock,
BSN, MBA, NEA-BC**

Magic Valley Chief
Operating Officer/
Chief Nursing Officer



**Amber Green, MSN,
RN**

McCall Chief Operat-
ing Officer/Chief
Nursing Officer



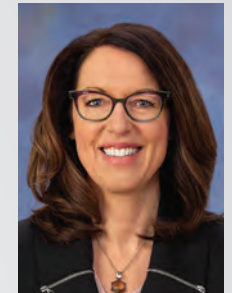
**Teresa Hall, BSN,
MHA, RN, CEN,
NEA-BC**

Boise Chief Nursing
Officer*



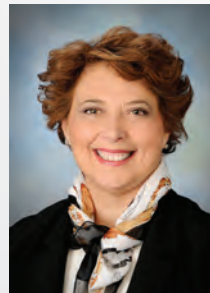
**Jill Howell, BSN,
RN**

Jerome Associate
Chief Nursing Officer



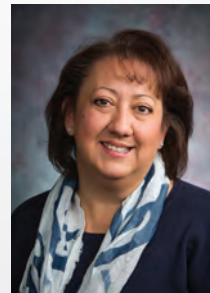
**Shelly Jensen,
BSN, MHA, RN,
NEA-BC**

Inpatient Rehab
Services Chief
Operating Officer/
Chief Nursing Officer*



**Lisa Melchiorre,
BSN, MS, RN, NEA-
BC, CNOR**

Elmore Chief
Operating Officer/
Chief Nursing Officer



**Almita Nunnelee,
BSN, RN**

Wood River Chief
Operating Officer/
Chief Nursing Officer



**Misty Robertson,
DNP, RN, FACHE**

Nampa Chief
Operating Officer/
Chief Nursing Officer



**Brie Sandow, MSN,
RN, NEA-BC**

Meridian Chief
Operating Officer/
Chief Nursing Officer*



**Alicia Young, MSN,
MBA, RN**

Ambulatory Chief
Nursing Officer*

Nursing Strategic Goals

Culture

Ensure clinical nurse development opportunities:

- Utilize Nursing and Patient Care Center of Excellence, Talent Development, and Clinical Learning and Student Services

Ensure nurse leader development opportunities:

- Utilize Nursing and Patient Care Center of Excellence, Talent Development, and Clinical Learning and Student Services

Quality, Safety and Outcomes

Enhance and optimize culture of safety:

- Falls intervention
- Barcode medication administration
- CAUTI bundle
- CLABSI daily line necessity
- Pressure injury bundle
- SSI bundle

Improve patient outcomes:

- Falls intervention
- Barcode medication administration
- CAUTI bundle
- CLABSI daily line necessity
- Pressure injury bundle
- SSI bundle

Align nursing practice:

- Diabetes care
- Hypertension control
- Depression screening
- Childhood immunization

Care Experience

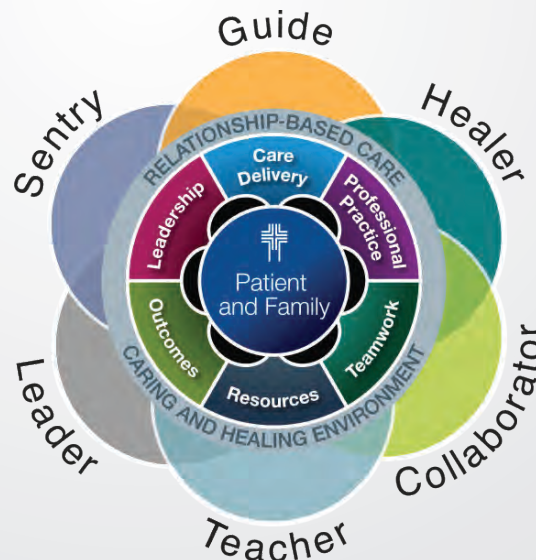
Enhance care across the continuum:

- Patient perception of care
- Convenient and available access
- Experienced cost of care

Stewardship

Maximize workforce utilization:

- Utilize total worker health for healthy workforce
- Compliance with sepsis bundle and care pathway
- Post discharge connection



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Behavior Response Team Improves Patient Care at St. Luke's Canyon View

The need for delivering care to hospitalized patients at risk for injuring themselves or others continues to escalate. Nurses working at Canyon View Behavioral Health Services, St. Luke's 28-bed inpatient psychiatric unit in Twin Falls, had an urgent need for immediate resources. Evidence suggested a behavior response team (BRT) could help identify risk and enable staff to intervene with patients before situations escalate to behavioral emergencies.

Over a three-month period in 2021, baseline information from code gray debriefings was collected and analyzed. The information demonstrated a need for improvement with staff safety and patient outcomes.

St. Luke's Canyon View Nurse Manager Sam Fife, BSN, RN, and Assistant Nurse Manager Courtney Sant BSN, RN—assisted by Clinical Educator Vibecke Thompson, MSN, RN, and Kofi Bonnie, DNP, RN, and with the support of Dr. Mark Murphy, DO, JD, and Nurse Director Andrea Bunn, DNP, RN—designed simulation-based training and implemented a BRT at Canyon View. The interdisciplinary team effort, in collaboration with Clinical Learning and Student Services, security, Canyon View's operations leadership and all staff, fostered the establishment of the BRT.

The BRT has contributed meaningfully to the de-escalation of challenging behaviors and has provided a well-coordinated interdisciplinary team response to code grays. It has also aided the therapeutic milieu, decreased the chance of staff injuries or burnout, and positively impacted equitable health outcomes.



Nurses Demonstrate Transformational Leadership by Volunteering to Lead Students in New Model

During the COVID-19 pandemic, a difficult decision was made in many organizations, including at St. Luke's, to omit students in the hospital setting for clinical practicum. Reasons included increased exposure risk to the virus that causes COVID-19, increased foot traffic on inpatient units and strain on nursing staff to precept/teach. The decision left nursing schools challenged to provide meaningful learning opportunities to support students' readiness for practice.

To support student learning and provide additional resources at the bedside, St. Luke's created the student resource nurse (SRN) model. The model enabled students to perform core nursing cares, receive unique learning opportunities, interact with the interdisciplinary team and add hands-on help to the units. The model was facilitated by volunteer nurses not traditionally working at the bedside: clinical nurse specialists, educators and others who promoted learning opportunities and assisted with patient cares alongside students to teach the art of nursing. Staff discovered that students and SRNs also provided an added resource for tasks such as call light response.

Students had multiple opportunities to practice interpersonal communication and foundational nursing cares. They learned they could perform multiple care items with a single interaction in a patient's room and discovered that caring for patients looks different every single day. SRNs were able to teach the "why" behind every task, medication and disease process.



Jessica Garner (front right in photo), MSN, RN-BC, ACNS-BC, APRN, working as a student resource nurse with a group of students.

Spirit of Nursing Conference: 10 Years of Honoring Dana Gulbranson

The Spirit of Nursing Conference celebrates nurses, advances nursing practice and leadership, and re-centers participants in relationship-based care: caring for self, colleagues, and patients and families. The conference, which marked its 10th year in 2021, was established to honor the spirit and memory of Dana Gulbranson.

Dana came to St. Luke's Boise in the early 1980s as a new graduate nurse from South Dakota. Her career advanced from clinical nurse to nurse educator to nursing director of the telemetry departments. She was a relationship builder by nature with a gregarious personality. Her early work and partnerships with the cardiology department were foundational to the success of the heart and vascular service line. Dana was an outstanding nurse leader. She had vision and the ability to see complex projects through to their conclusions.

The most important aspect of Dana's legacy is the impact she made in the lives of her colleagues. She hired and mentored many nurses who are now prominent nurse leaders and practice experts at St. Luke's, and in turn they continue to share their expertise, growing new leaders and practice experts.

Dana died in 2011 after a courageous battle with cancer. To honor her work and phenomenal spirit, an endowment, the Spirit of Nursing Fund, was created through St. Luke's Health Foundation by her loving colleagues. The conference is supported by this philanthropic fund and continues to celebrate nursing practice and enhance the spirit of all nurses. Information about how to contribute to the Spirit of Nursing Fund can be found at stlukesonline.org/give.



Dana Gulbranson, BSN, RN

Interdisciplinary Care Council Drives Initiatives in Wood River

St. Luke's Wood River established their Shared Governance Care Council in 2020 composed of members representing all areas of the critical access hospital, including nursing, surgical services, imaging, respiratory therapy, physical therapy/occupational therapy, laboratory and pharmacy. Unfortunately, after two successful meetings, the pandemic hit, and future in-person meetings were put on indefinite hold.

As it became clear that in-person meetings would not be possible in the near future, co-chairs Lauren Hoover, BSN, RN, and Karen Stevens, PhD, MSN-Ed, RN, invited members back together via Microsoft Teams®. Taking advantage of the Teams Planner app, Hoover and Stevens developed an engaging and fluid virtual Care Council, which met monthly. The Care Council has flourished in the virtual format, and council members keep their projects updated on a regular basis.



St. Luke's Wood River's Care Council celebrates their successes during a recent hybrid (in-person and virtual) gathering.

The Care Council successfully completed 17 projects, which include the development of a house-wide resource nurse, outpatient infusion guidelines and an interdepartmental fall risk project. As of February 2022, the council is actively working on 18 SBARs (SBAR: Situation, Background, Assessment, Recommendation) and have three SBARs up for review/vote in spring 2022. The council currently has 16 active members with plans to soon reach out for representatives from other departments, such as Environmental Services and Building Services.

Simulation Program Receives Prestigious Accreditation

St. Luke's Simulation Program was founded using the Society for Simulation in Healthcare (SSH) accreditation standards as the basis for the program's organization. The goal from the outset was to build a program that excelled in meeting international standards for best practice.



From left to right: Shannon Krebs, BSN, RN; Julia Troxell, BSN, RN; Sladana Ilic, BSN, RN; and Melanie Gier, BSN, RN, in OB hemorrhage simulation.

SSH is the professional organization that provides accreditation for simulation programs internationally. Its aim is to improve performance and reduce errors in patient care through the use of simulation. It fosters research to improve the evidence-based implementation of simulation in both academic and health care organizations.

The application for accreditation allows the applying organization to complete core standards and then select specialty areas based on organizational goals. St. Luke's Simulation Program chose to apply for core standard, teaching and education, and systems integration.

Core standards are the basic elements a program needs to function well, such as resources, program management, ethical practice and program improvement processes. Teaching and education standards ensure the organization provides excellent, recurring, educational activities that promote staff development and patient safety to learners within the organization. Systems integration accreditation is awarded to those organizations that “demonstrate consistent, planned, collaborative, integrated and iterative application” of simulation for quality, patient safety and risk management activities using “systems engineering and risk management principles to achieve excellent [. . .] clinical care, enhanced patient safety and improved outcome metrics across the healthcare system(s)” (SSH, 2022).

St. Luke's program was built with the systems integration accreditation requirements in mind. The mission of the simulation program states, “We will work towards ensuring the safety and high-quality care of our patients across the organization by improving team performance utilizing simulation-based education.” The vision is, “To transform health care team performance emphasizing highly reliable teamwork that is outcomes-driven, resulting in zero patient harm.” The program's policies and processes are written to drive towards these goals.

Simulations are performed throughout St. Luke's. Different types of simulations are used to identify gaps in performance and systems as well as to allow learners to develop teamwork, communication and clinical skills.

The following are some of the simulation types offered:

- **Immersive simulations** put the team in a realistic situation where they can practice high-risk events.
- **Day-in-the-life simulations** provide the opportunity to test new or refurbished environments to identify safety risks for staff and patients before spaces are opened to the public.
- **Process simulations** allow the testing of new products or workflows to determine if they work or can be improved.
- **Just-in-time simulations** are short, low-technology simulations that allow learners to work at improving in specific skills or in the use of communication tools.



Don Wiedenfeld, simulation technician, monitors the work from the control room.

Simulation faculty throughout the system receive both classes and mentoring, provided by the simulation program, to ensure that all learners receive high-quality, evidence-based simulation experiences in a psychologically safe environment that supports learning through reflection. All faculty members are assessed for competence using the “Debriefing Assessment for Simulation in Healthcare,” an evidence-based tool that guides standardized performance measures.

The simulation team has provided support to learners throughout the pandemic. They have also kept the Quality, Safety and Service Excellence Committee in touch with patient and staff safety by providing virtual simulation experiences when they could not do in-person rounding. The team attempts to identify latent safety threats, support the health system as a learning organization, and promote high reliability tools and strategies.

As a result of the enormous efforts demonstrated by the team, St. Luke’s was granted an on-site review on May 6, 2021. A team from SSH visited virtually and viewed video submissions from the program to complete a comprehensive review of the simulation center, simulation faculty and learners. In July 2021, the SSH granted accreditation to St. Luke’s Simulation Program and noted accolades for teaching and education as well as for system integration standards.

Simulation is an integral tool at St. Luke’s for promoting, supporting and maintaining staff and patient safety. The Simulation Program works relentlessly to identify gaps that can be closed. Team members are committed to being change agents that use evidence-based methods and clinical information to give staff the tools they need to provide safe patient care. As an accredited program, St. Luke’s has simulation experts who can improve safety through the identification and implementation of best practices.



Also on cover: **Melanie Gier**, BSN, RN, and **Liz Wilcox**, BSN, RN, simulate blood administration prep at the hemorrhage cart.

Ambulatory Standardizes Primary Care Nurse Onboarding

Through a primary care patient access initiative, focused work effort was initiated to develop a standardized RN onboarding process for ambulatory clinics.



*From left to right: Nursing Manager **Erika Groves**, BSN, RN; Practice Manager **Gabriel Payne**; and Nursing Manager **Marni Parry**, RN, meet with RN Lead **Roxy Nichols**, MSN, RN, to review onboarding handbook and participants' individual progress.*

A profile for a defined ambulatory RN role and fundamental guidelines for standardized RN onboarding and orientation were developed. The RN onboarding foundational model outlines specifics related to orientation timeline, required training, professional development opportunities and regular check-in touch points to monitor onboarding progression and effective/efficient completion of onboarding handbooks.

This process has been piloted in primary care clinics throughout the system from September 2021 to present. To date, eight RNs have participated in the pilot: three

successfully completed the 90-day introductory period and five are currently progressing through the process.

This standardization has led to an improved experience for the RN onboarding in a primary care clinic. Additionally, because of this standardization, improved communication and collaboration among the intradisciplinary team (clinic manager, nurse manager, clinical educator and nurse) has occurred during the RN onboarding process. Opportunities for process optimization have been identified during each pilot experience.

The outcomes of this initiative will ensure that RNs are working to the top of their license; have received appropriate training and skills validation specific to the clinical skills being performed in the ambulatory RN role; professional development opportunities; and, ultimately, increased overall job satisfaction.

A Nurse-Librarian Partnership for Rapid Evidence Translation

With rapidly increasing volumes of information, discovering the best, most impactful evidence for practice is a major challenge as literature searches often return hundreds or even thousands of results. Compound this issue with the complexities of navigating an ever-evolving biomedical information landscape, especially during a global pandemic, and you may spend hours tracking down information needed to make rapid, evidence-based decisions.

To help, St. Luke's Library launched a pilot service, the weekly COVID Literature Digest, to highlight the latest findings on key topics. It is primarily compiled from expert-curated lists, guidelines and evidence synthesis teams, as well as from key studies, journals and research organizations.

A core component of this program's success has been engagement from our nursing partners, like the clinical staff at the Nursing and Patient Care Center of Excellence (CoE), who actively review and share evidence with key groups to inform practice and clinical operations. In turn, nursing partners notify the library of current and emerging information needs. Through this partnership, nurses at the Nursing and Patient Care CoE have effectively impacted a variety of initiatives related to vaccine administration, antibody and other treatment administration, testing and staff well-being, to name a few.



Sara Loree, MSLS, AHIP, and **Anna Quon, MBA HM, BSN, RN, AMB-BC,** use library resources to ensure evidence-based practice.

PATHS Participants Continue to Find Opportunities for Improvement in New Areas

Professional Advancement Through High-Performance and Skill (PATHS), St. Luke's professional development program, was created to empower and engage clinicians. Clinical staff identify a problem impacting their work or the patients in their care. As they engage in project-based activities, participants seek evidence-based innovations to solve the problem and implement them in their unit. Participation in the program engages clinical staff in the work of designing, improving and innovating clinical practice.

When I moved from the intensive care unit to cardiac rehab, I immediately started thinking, 'What can I do to improve things here?'

While doing some work for the department, I started to ask questions about why things were done/not done. This questioning led to investigation about cardiac rehab programs and readmission rates. Once I found out the incredible difference between readmission rates between those that attend CR/don't attend CR, I was determined to increase our enrollment numbers to decrease our readmission rates.

– Dawn Swick, BSN, RN, CCRP



Exemplary Professional Practice

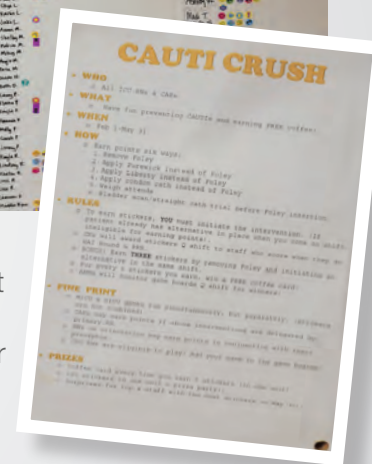
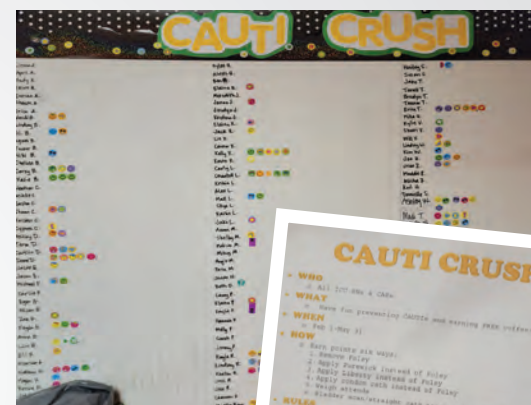
Boise Adult ICUs Decrease CAUTI Through Targeted Interventions

Boise adult critical care units were experiencing higher than expected catheter-associated urinary tract infection (CAUTI) rates at the end of 2020. Infection Prevention and the Boise adult ICU nursing leadership teamed up to address rising CAUTI rates in January 2021. While exploring opportunities for improvement, the team discovered that indwelling catheter alternatives were being underutilized when compared to other ICUs' practices. In addition, the critical care units were frequently receiving patients that had had indwelling catheters placed in the Emergency Department.

The team implemented multiple methods to address CAUTI rates. The adult ICU nursing leadership used creative games, like "CAUTI Crush," to incentivize the use of alternative devices, driving down utilization and promoting early removal of indwelling catheters. In addition, Emergency Department nursing leadership helped promote an indwelling catheter deferral initiative that led to a 50% reduction in utilization over the same time frame.

It was hypothesized that inpatient nurses were much more likely to consider an alternative device if the patient did not have an indwelling catheter placed prior to arrival, rather than seek to remove a freshly placed device. As a result, ICU nurses were empowered to place the device they deemed most appropriate based upon their admission assessment. ICU nursing leadership also worked with various physician groups to make changes to admission order sets, to improve the scope of nurse-driven indwelling catheter removal protocols.

As a result of these efforts, the Boise adult ICUs experienced a 73% decrease in CAUTIs, a 15.6% reduction in indwelling catheter usage and a 48.6% reduction in average days of indwelling catheter dwell times.



A "CAUTI Crush" game was created to incentivize the use of alternative devices.

Boise Adult ICUs	CAUTIs Per 1,000 Indwelling Catheter Days	Number of Indwelling Catheters Per 1,000 Patient Days	Average Days of Indwelling Catheter Dwell Time
Aug 2020 – Jan 2021	3.42	0.64	5.89
Feb 2021 – July 2021	0.92	0.54	3.03
Percent Reduction	73.0	15.6	48.6

Strong Teamwork Leads to Positive Outcomes During COVID-19 Outbreak

In August 2021, St. Luke's Elmore's long-term care unit experienced a COVID-19 outbreak. Within 48 hours, nine of 13 residents and over 50% of employees tested positive. A command was stood up and, per Centers for Medicare & Medicaid Services guidelines, emergent actions for containment were set in place. Immediate separation of positive and negative residents and care teams were established, and communication for receiving additional system resources was launched. Four negative residents were relocated to the inpatient medical/surgical unit and the long-term care unit was converted to a COVID-19 positive unit.



Clockwise from top:
Rebekkah Nichols,
BSN, RN, assistant nurse
manager; **Jessica Kerr**,
RN, MDS RACTI; **Why**
“Kim” Brunson, activity
coordinator; and **Margaret**
Nunez, LPN, resident
services advocate.

Information Health Technology quickly set up a temporary surge bed location so that residents' care plans, orders and information were available to the medical/surgical nurses, who provided outstanding care while pivoting to the more home-like environment the residents expected, incorporating personal items and equipment. The residents were housed on medical/surgical for two weeks and were thrilled with the care they received.

At the same time, related to increased surge in other areas of the system, St. Luke's Elmore was able to accept and care for additional patients. Managing a situation of this magnitude and risk took outstanding

teamwork from all departments. This was a true demonstration of exemplary practice and transformational leadership, with leaders working at the bedside along with clinical nurses, and all departments focused on one goal: providing safe and exceptional care.

Collaboration Helps Infusion Centers Exceed Patient Expectations

In 2021, St. Luke's infusion centers in Boise, Meridian and Nampa played a crucial role in safeguarding the community for both existing patients and those who needed new medications as the COVID-19 pandemic raged on. The infusion centers delivered over 7,000 systemwide outpatient treatments with monoclonal antibodies to keep patients at high risk of severe disease or death out of the hospital.

The high level of coordination between pharmacy and nursing was key in ensuring that treatments were available and delivered on time. St. Luke's can proudly say that not a single patient missed a regular or scheduled infusion treatment, even with the added volume and complexity of the ever-changing COVID-19 treatments.

Infusion RN Manager Marie Zacharda, BSN, RN, CRNI, worked collaboratively with Infusion Pharmacy Manager Mel Slater, PharmD, BCNSP, to ensure patients had treatments with seamless delivery. Zacharda guided her teams through obtaining medications, coordinating infusion nursing staff and training nurses redeployed to the infusion centers. The work continues as new prophylactic treatments evolve for high-risk patients.



Marie Zacharda, BSN,
*RN, CRNI, manager,
infuses patient.*

Decreased Interruptions Lead to Improved Patient Satisfaction in Jerome

St. Luke's Jerome began a care experience pilot program in February 2021 facilitated by Performance Improvement Specialist Stephanie Martin, BSN, RN, and site representative Shauna Donabedian, CNA, to improve patient outcomes and increase patient satisfaction.



Shauna Donabedian, CNA, and Kathy Sparks, RN, with the “STOP” sign they hang on the door during the discharge education process.

The test of change, “Home Care Teaching,” afforded nurses dedicated, protected time to discuss discharge educational topics with their patients and patients’ families. Nurses were encouraged to hang a literal “STOP” sign outside the patient’s door asking all other health care professionals to honor and not interrupt the critical education time. The idea was that providing uninterrupted, quality time to fully explain disease processes, medications, restrictions and follow-up recommendations with discharging patients and/or families would improve overall health outcomes as well as help patients feel better equipped to manage their own care after hospital discharge. Nurses also used a checklist to ensure the teaching process was standardized and incorporated best practices.

The project itself ended in November, demonstrating sustained compliance and positive feedback from the nursing team. Nora Fragoza, RN, is still using the process because it has decreased interruptions by identifying when critical communication is in progress, thus “making discharge a priority.” Kathy Sparks, RN, also appreciates the process because it decreases interruptions, which used to break into the message she was trying to convey to the patient and/or family.

Although the pilot did not roll out across the health system, the test of change was successful in Jerome and continues to be used with improved patient satisfaction scores for our medical/swing floor.

St. Luke's Hyperbaric Clinic Makes a Difference

St. Luke's has been providing hyperbaric oxygen (HBO) treatments since 2005. Hyperbaric, by definition, is when a patient breathes 100% oxygen while in an environment at greater than normal atmospheric pressure. The pressure mimics scuba diving pressures, which is why the treatment is often referred to as a "dive." HBO assists in wound healing by helping to get oxygen to tissue that is hypoxic due to vascular disease, radiation or some type of acute ischemia.

St. Luke's Wound and Hyperbaric Clinic is the only facility in the state accredited by the Undersea and Hyperbaric Medical Society with distinction and is one of only 48 facilities in the country to receive the elite accreditation. Last year, St. Luke's performed 1,271 HBO treatments.

HBO treatment is life changing for many patients. An example close to home is the story of Karen Rains, an RN with St. Luke's cardiac observation unit. Rains underwent St. Luke's HBO treatments after she experienced severe complications following a vaginal birth that led to multiple failed perineal surgeries, at one point requiring a colostomy. Rains had a total of 100 HBO treatments and was impressed by the quality of care she received from the clinical staff. The HBO treatments were a success: her wound fully healed and she was able to have her colostomy reversed.



Karen Rains undergoing HBO treatment with her children saying hello.



*Wound care team, from left to right: **Steven Richardson**, certified hyperbaric tech; **Anna Hentges**, LPN, certified hyperbaric tech; **Marcia Cruz**, LPN, practice manager; and **Shannon Holland**, BSN, RN, ACHRN.*

Nampa Improves Patient Experience Scores Through Noise-Reduction Bundle

The Nampa medical/surgical unit was receiving patient experience scores that were consistently below the internal benchmark of 65% for “Quietness of Hospital Environment.” Amy Bowden, BSN, RN, was encouraged by her nurse manager to lead a Professional Advancement Through High-Performance and Skill (PATHS) project to improve the patient experience.



Amy Bowden, BSN, RN, and leader Amanda Stewart, BSN, RN, CMSRN, with the signs that were part of the bundle implementation.

Bowden’s PATHS project included implementing a noise-reduction bundle to help improve patient sleep and rest. The bundle provided a sleep menu with various items a patient could use to help promote rest or quiet (earplugs, eye masks, a warm blanket, lights on/off and door open/closed); a patient door sign indicating they were resting and to please not disturb; and “Quiet Hours” signs posted throughout the unit indicating the 10 p.m. to 5 a.m. quiet time. Bowden evaluated the patients’ responses to the sleep menu by adding a couple of questions to the unit’s leadership rounding tool.

Staff received education on the project and the “why.” They were given email reminders and updates throughout the implementation. The project was only able to run for about eight weeks before a COVID-19 surge, and resulting crisis standards of care, put it on hold. Despite the pause, the unit’s patient experience

scores did increase following implementation, and the goal to reach 70% satisfaction for “Quietness of Hospital Environment” was reached. The medical/surgical unit still has the “Quiet Hours” signs posted and the resting signs on the doorways. Bowden is hopeful the project can be revived in the near future.

New Knowledge, Innovations and Improvements

Nursing Research Fellows Investigate Support Strategies for Emergency Department Nurses

The COVID-19 pandemic has placed a tremendous burden on health care workers. Emergency Department (ED) nurses face significant risk for stress-related issues, but there is limited empirical evidence on how to support them best. As part of the 2020-2021 Nursing Research Fellowship program cohort, a team of current and former ED nurses launched a study to address the research gap.



*The research team included (from left to right) Principal Investigator **Anna Quon**, MBA HM, BSN, RN, AMB-BC; **Wendy Vanderburgh**, MSN, RN, NREMT-P, FP-C; and **Kimberli Munn**, MSN, RN. The team was mentored by **Andi Foley**, DNP, RN, APRN-CNS, EMT, ACCNS-AG, CEN, TCRN, FAEN.*

The team included Anna Quon, MBA HM, BSN, RN, AMB-BC, as principal investigator; Wendy Vanderburgh, MSN, RN, NREMT-P, FP-C; and Kimberli Munn, MSN, RN. They were mentored by Andi Foley, DNP, RN, APRN-CNS, EMT, ACCNS-AG, CEN, TCRN, FAEN. They conducted a Delphi study aimed at gaining expert consensus from St. Luke's ED nurses on the most effective and accessible support strategies. Results showed ED nurses:

- Preferred employee-led self-care activities to enhance
 - Social well-being (i.e., establishing new/enhancing pre-existing relationships with peers, friends and family).
 - Emotional well-being (i.e., practicing stress management, relaxation, mindfulness and reflective writing/journaling).
- Preferred in-person supports.
- Did not prefer any support activities led by their employer.

The team's work, ED Nurse Consensus on Most Effective and Accessible Support Strategies During COVID-19: A Delphi Study, highlights the need for organizations to work with staff to understand their support preferences. The team submitted a manuscript to the Journal of Emergency Nursing and will present the study at the University of Iowa National Evidence-Based Practice Conference in April 2022.

Meridian Case Management Optimizes Workflows

The team in a care conference (from top of table clockwise): **Victoria Dietz**, BSN, RN CCM; **Meghan Heitstuman**, LCSW; **Joel Fisse**, BSN, RN; **Chelsi Shields**, BSN, RN; **Jennifer Davlin**, BSN, RN; **Danika Walters**, case management assistant; **Christine Klein**, LMSW; and **Amberly Ahring**, case management assistant.



Two new operational innovations were accomplished by Case Management in 2021. Both were optimizations to workflows proposed by clinical nurses and had significant positive impacts for the team.

The case management assistant (CMA) role was established to lessen non-clinical tasks for the RN CMs in conjunction with changes implemented by the larger Emergency Department and Inpatient Utilization project. In preparation for the role, the team developed an onboarding plan that included creating standardized work, smart phrases and

workflows. With the improvement in workflows due to the addition of CMAs, the RN CMs were able to expand their role, support the social work team and add coverage to the Emergency Department.

In November, with the improved staffing from traveling nurses and reduced time-off requests, the team was able to operationalize an idea that had been percolating but had not previously launched due to a lack of resources. The team realized that the RN CMs were focusing first on discharging patients that could easily transition out to help manage throughput. This meant the more complex and difficult-to-place patients were remaining in the hospital longer than necessary.

The team took the opportunity in November to reorganize workflow using experienced CM Victoria Dietz, BSN, RN, CCM, to be the primary care nurse for four of the most complex patients. These patients had multiple barriers preventing their discharge, including comorbidities and a lack of open community resources related to staffing and the COVID-19 pandemic. Without having to manage discharge for these complex patients, the other RN CMs had more time to focus and improved efficiency of discharge for their remaining patients. The four patients placed with the high-acuity CM RN were ultimately discharged earlier than anticipated. The communication between St. Luke's and the community agencies to facilitate those discharges was a demonstration of collaboration and creative problem solving.

Frontline Eyes Make a Difference for St. Luke's McCall Hospital Plans

Work progresses on the new hospital build in McCall with a tentative opening date of April 2023. Clinical nurses and representatives of other disciplines have been involved with the design team from the beginning.

The team from McCall had the benefit of touring the Nampa hospital prior to providing input on designs for McCall, which helped them visualize the space's needs. Nurse Manager Karl Linzmeyer, BSN, RN, also completed a walk-through with Assistant Nurse Manager Eric Ostensen, BSN, RN, and clinical nurse Sam Wells, BSN, RN, which allowed them to provide suggestions in addition to the initial input based on the team's Nampa tour. They were instrumental in making changes to the position of the garage door and in evaluating the safe room. Assistant Nurse Manager Katherine Kerner, BSN, RN, was also asked by the construction team for feedback and, when she was satisfied, to sign off on the layout in the inpatient settings for Labor and Delivery and the medical/surgical unit.

Kerner, who has worked at other facilities, knows that it takes many sets of eyes to ensure everything is just right. She wanted more clinical nurses to have a say in how the rooms would function. During another team walk-through, Danae Robinson, BSN, RN, noted that all the electrical outlets were behind the head of the bed and out of reach. Robinson suggested they be moved up in height so that they would be at a safer level for staff and save their backs. With that suggestion, all electrical outlets have been moved to arm level.

The input from team members will make a difference to St. Luke's McCall employees and patients.



From left to right: **Katherine Kerner**, BSN, RN; **Sam Wells**, BSN, RN; McCall Facility Manager **Tim Wilcox**; and Nurse Manager **Karl Linzmeyer**, BSN, RN, during a walk-through.



Katherine Kerner, BSN, RN, talks with Facility Manager **Tim Wilcox** about changes frontline staff suggested during a walk-through.

Empirical Outcomes

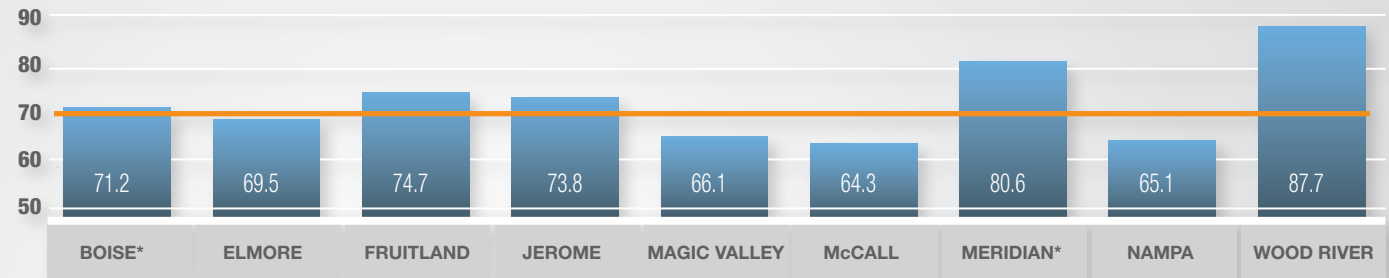
Patient Satisfaction Data – Calendar Year 2021

National Benchmark – All Databases

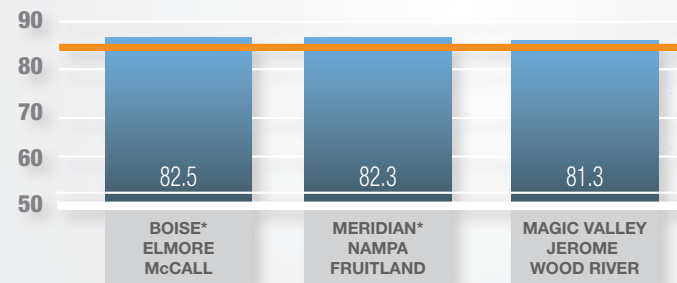
Data as of March 23, 2022, for discharges/visit dates from calendar year (CY) 2021: January 1, 2021, to December 31, 2021.

Scores below the national benchmark for nursing sensitive clinical indicators indicate the St. Luke's area is performing better than the national average.

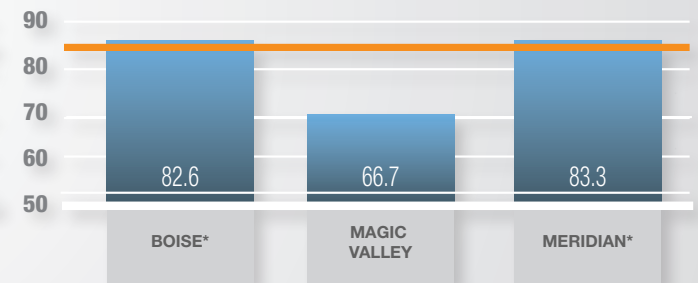
Emergency Departments – Nurse Overall Top Box %



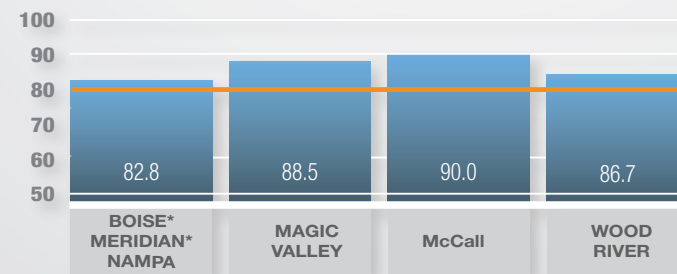
Ambulatory Clinic – Nurse/Assistant Overall Top Box %



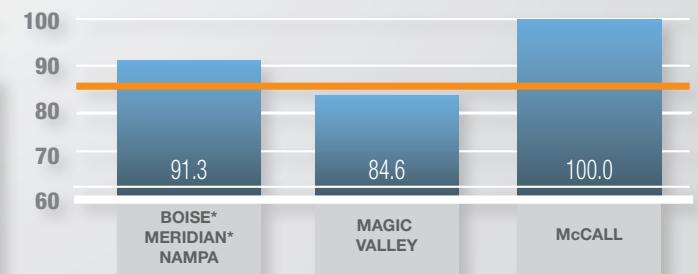
Neonatal Intensive Care Units – Nurse Overall Top Box %



Home Care – Recommend This Agency Top Box %

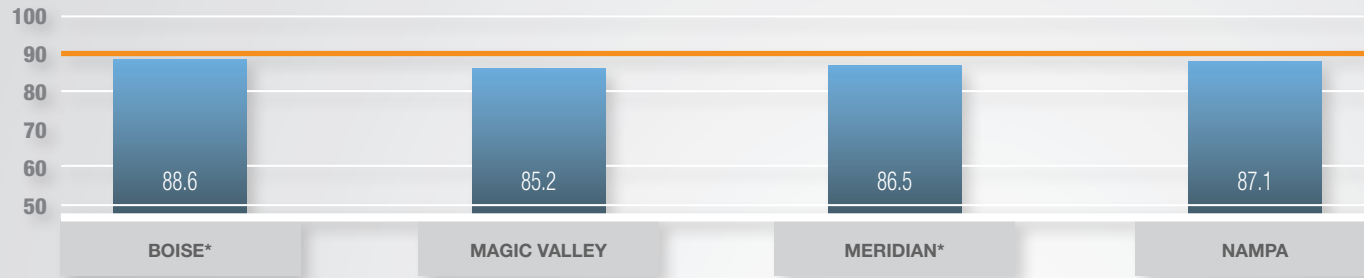


Hospice – Recommend This Agency Top Box %

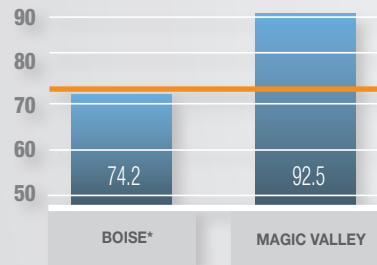


*Five-time Magnet designated location

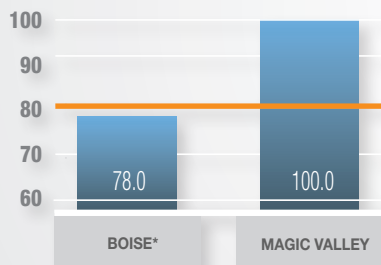
Ambulatory Surgery – Nurse Overall Top Box %



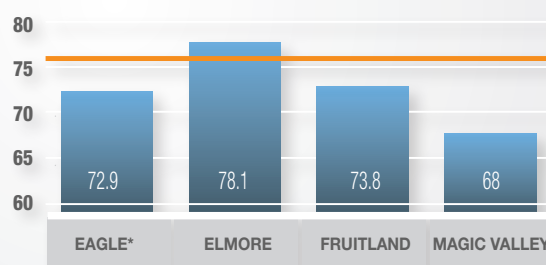
Inpatient Rehabilitation Units – Nurse Overall Top Box %



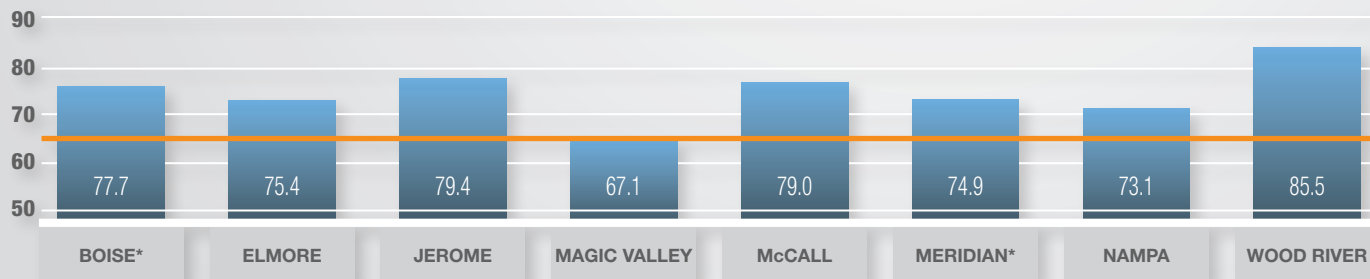
Inpatient Pediatric Units – Nurse Overall Top Box %



Urgent Cares – Nurse/Assistant Overall Top Box %



Inpatient Adult Units – Nurse Overall Top Box %



*Five-time Magnet designated location

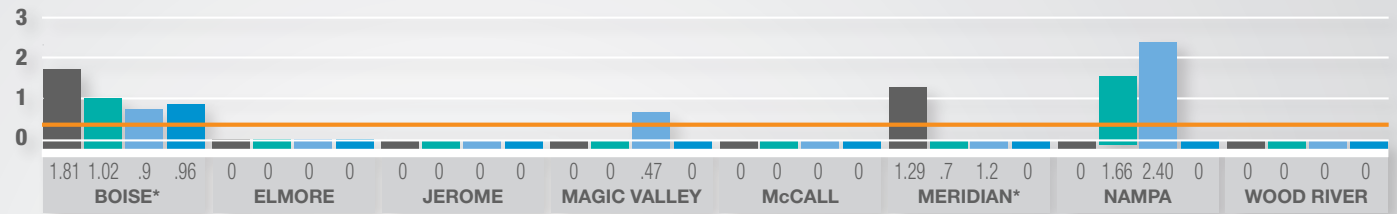
Nursing Sensitive Clinical Indicators – Calendar Year 2021

- First Quarter**
January – March
- Second Quarter**
April – June
- Third Quarter**
July – September
- Fourth Quarter**
October – December
- Database Mean –
All Hospitals

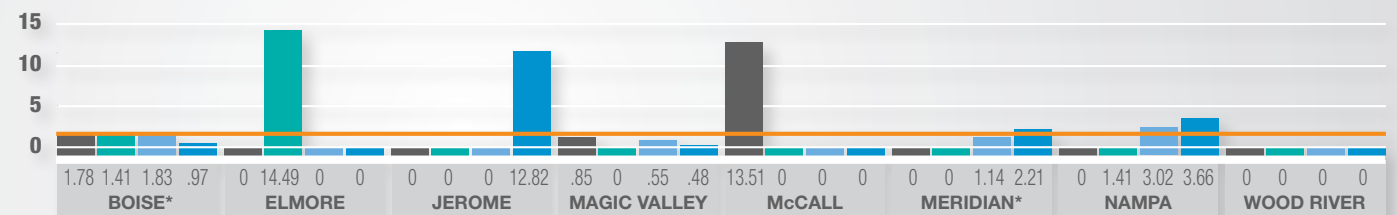
Data as of March 23, 2022, for discharges/visit dates from calendar year (CY) 2021: January 1, 2021, to December 31, 2021.

Scores below the national benchmark for nursing sensitive clinical indicators indicate the St. Luke's area is performing better than the national average of reporting hospitals.

Central Line Associated Blood Stream Infections (CLABSI) per 1,000 Patient Days

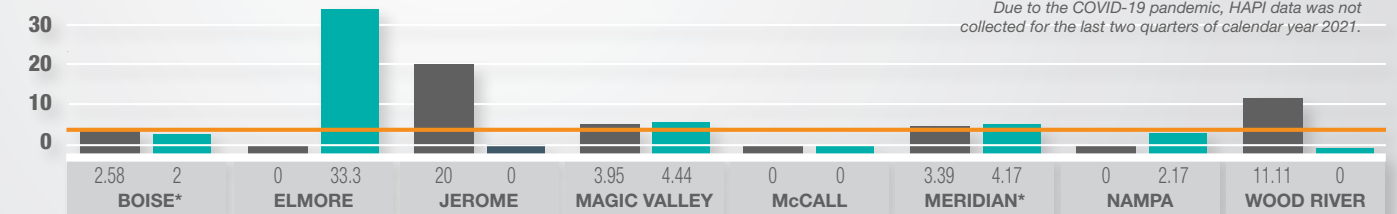


Catheter Associated Urinary Tract Infections (CAUTI) per 1,000 Catheter Days

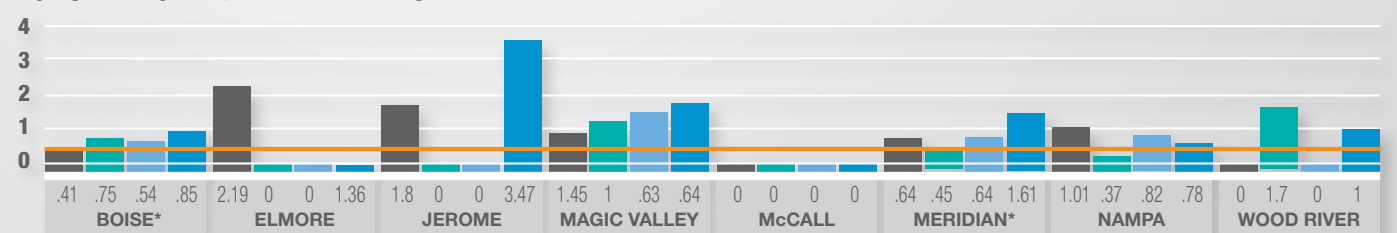


Hospital Acquired Pressure Injury (HAPI) Stage 2 and Above

Due to the COVID-19 pandemic, HAPI data was not collected for the last two quarters of calendar year 2021.



Injury Falls per 1,000 Patient Days



*Five-time Magnet designated location

Nursing Research and Evidence-Based Practice (EPB) Fellows

Kendra Bellomy, MSN, RN, RNC-OB, C-EFM, and Carley Franz, MSN, RN, C-EFM, mentored by Claire Beck, DNP, RN, RNC-OB, NPD-BC, and Laura J. Tivis, PhD, CCRP

Sterile Water Injections as an Effective Method to Treat Lower Back Pain in Labor

Liz Clabaugh, MN, RN, NPD-BC, and Christiana Sipe, MSN, RN, mentored by Julie Swanson, DNP, RN, NEA-BC

Reflective Practice for New Graduate Nurses: The Impact of Reflective Journaling and Discussion in the First Year

Jennifer Graham, MSN, APRN-CNS, AGCNS-BC, mentored by Andi Foley, DNP, RN, APRN-CNS, EMT, FAEN

Safe Blood Pressure Practices for Thrombocytopenic Oncology Patients

Teresa Holbrook, MSN, RN, NPD-BC, CHSE, and Monica Bachman, MSN, RN, NPD-BC, CPN, mentored by Anna Rostock, BSN, MBA, RN, NE-BC

Rapid Cycle Deliberate Practice Increases Skill Acquisition When Compared to Traditional Simulation

Justin Houck BSN, RN, mentored by Karen Stevens, PhD, RN

Assessing Nursing Climate Change Opinions: A Comparative Analysis of Nursing and Public Opinion Regarding Climate Change

Elena Jacobs, BSN, RN, mentored by Susan Tavernier, PhD, APRN-CNS, AOCN

The Adult Oncology Patient's Ability to Fever: An Inpatient Retrospective Study on Leukemia and Lymphoma Patients

Jill Keely, BSN, RN C-EFM, and Kendra Bellomy, MSN, RNC-OB, C-EFM, mentored by Hillary Swann Thomsen, PhD, and Anna Quon, MBA HM, BSN, RN, AMB-BC

Understanding Self-Reported Maternal Birth Trauma Prevalence and Prevention

Brittany Kelly BSN, RN-BC, mentored by Cara Gallegos, PhD, RN

Building Resilience in the Critical Care Nurse: The Influence of Self-Care and Resilient Coping on Moral Distress

Aimee LeGoffe, BSN, RN, and Kim Mills PT, MSPT, mentored by Anna Quon, MBA HM, BSN, RN, AMB-BC

The Impact on Adult Home Health Patient Hospitalization Days When Integrating a Nurse Practitioner Into the Home Health Care Model

Dana McKee, BSN, RNC-MNN, PMH-C, mentored by Kim Martz, PhD, RN

Perinatal Mental Health Care Access: Identifying Patient and Provider Perceptions of Facilitators and Barriers

Nursing Research and EBP Senior Fellows

Mallory Campbell, BSN, RN, mentored by Marty Downey, MSN, PhD, RN, AHN-BC, CHTP/I

Increasing Chlorhexidine Compliance in the Bone Marrow Transplant and Medical Oncology Inpatient Population

Megan Nelson, MSN, RN, RNC-OB, mentored by Jane Grassley, PhD, RN, IBCLC

Prenatal Oral Health Screening: Assessing Implementation in a St. Luke's Clinic

2021 Publications

Kristen Anderson, MSN, RN, OCN, and Marty Downey, MSN, PhD, RN, AHN-BC, CHTP/I

Anderson, K. D. & Downey, M. (2021). Foot reflexology: An intervention for pain and nausea among inpatients with cancer. *Clinical Journal of Oncology Nursing*, 25(5), 539-545. doi: 10.1188/21.CJON.539-545

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN

Dresser, S., Fowler, S., & Bassett, R. (2021). National Association of Clinical Nurse Specialists legislative/regulatory committee update. *Clinical Nurse Specialist*, 35(2), 96-97. doi: 10.1097/NUR.0000000000000586

Caroline Davis, BSN, RN, CPN

Davis, C. (2021, April 10). Notes from a COVID-19 nurse. *Idaho Press*.

Kristen Koprowski, BSN, RN, IBCLC; Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB; and Laura Tivis, PhD, CCRP

Koprowski, K., Meyer, D., Stanfill, T., & Tivis, L. J. (2021). Cultivating joy: Improving nurse resilience through use of a practice playbook. *Applied Nursing Research*, 62. doi: 10.1016/j.apnr.2021.151484

Kim Martz, PhD, RN; Jenny Alderden, PhD, APRN, CCRN, CCNS; Rick Bassett, MSN, APRN, CCRN; Dawn Swick, MSN, RN

Martz, K., Alderden, J., Bassett, R., & Swick, D. (2021). The authors respond. *Critical Care Nurse*, 41(2), 12-13. doi: 10.4037/ccn2021186

Michaelyn Muggli, MSN, RN, NPD-BC, CCRN-K, CHSE, and Tammye Erdmann, MSEd, BSN, BScIT, RN, CHSE

Muggli, M. & Erdmann, T. (2021). The power of healthcare simulation: Part 1, embracing the power of simulation. *RN Idaho*, 44(1), 21.

Muggli, M., & Erdmann, T. (2021). The power of healthcare simulation: Part 2, the power of fidelity. *RN Idaho*, 44(2), 18.

Muggli, M., & Erdmann, T. (2021). The power of healthcare simulation: Part 3, the power of simulation in supporting healthcare team performance. *RN Idaho*, 44(3), 18.

Kristy Schmidt, MN, RN, NEA-BC, CPXP, and Jane Grassley, PhD, RN, IBCLC

Pentecost, R., Schmidt, K., & Grassley, J. (2021). Health care providers' perceived barriers to screening for substance use during pregnancy. *Nursing for Women's Health*, 25(4), 272-277. doi: 10.1016/j.nwh.2021.05.002

2021 Presentations

Amy Bacca, MSN, RN, AGCNS-BC, APRN

Surgical Oncology and Transition of Care. Poster presentation at the NACNS 2021 Annual Conference, March 9-11, 2021. Virtual.

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN

The NIWI Experience. Podium presentation at the NACNS 2021 Fall Summit, October 3-5, 2021. Virtual and in New Orleans, Louisiana.

The ABCs of ACPs. Presentation at the Idaho Health Continuum of Care Alliance – Project HELP webinar, June 3, 2021. Boise, Idaho.

National POLST Technology Guide Overview. Presentation at the National POLST Webinar, April 13, 2021. Washington D.C.

Caroline Davis, BSN, BS, RN, CPN, and Anna Quon, MBA HM, BSN, RN, AMB-BC

Nursing Led Interdisciplinary Education for Rapid Deployment of COVID-19 Vaccines. Poster presentation at the Nurse Leaders of Idaho and American Nurses Association of Idaho LEAP Conference, October 28-29, 2021. Virtual.

Amanda Erickson, BSN, RN, RNC-MNN & Karli Bell, MSN, RN, CMSRN

Improving Access and Equity Through In-Patient Clinical Trials. Poster presentation at the American Nurses Association of Idaho LEAP Conference, October 28-29, 2021. Virtual.

Andi Foley, DNP, RN APRN-CNS, EMT, ACCNS-AG, CEN, TCRN, CSM, FAEN

Grab the Blakemore – Role of the CNS in Updating Practice. Podium presentation at the Emergency Nursing 2022 Conference, September 8-11, 2021. Virtual.

Tips for a Successful Academy Application. Podium presentation at the Emergency Nursing 2022 Conference, September 8-11, 2021. Virtual.

Christy Hines, BSN, CRN, NPD-BC, RT(R)(CT)(ARRT)

Pocket Resource Guide to Aid in Competency Beyond Initial Orientation in a Procedural Area. Podium presentation at the Association for Radiologic & Imaging Nursing Conference, March 20-22, 2021. Virtual.

Debbie Ketchum, MAOM, RN, NEA-BC, RNC-MNN, C-EFM

Public Policy Session: The AWHONN 2021 Legislative and Policy Agenda. Podium presentation at the Association of Women's Health, Obstetrics and Neonatal Nurses 2021 National Convention, October 10-13, 2021. Virtual.

Resilience Matters! Keynote address at Mu Gamma: Sigma Nursing Honor Society Induction Ceremony, Northwest Nazarene University, November 3, 2021. Nampa, Idaho.

Heather Knapp, BSN, RN, CEN, CPEN

Developing a Comprehensive Multi-Modal Pediatric Trauma Training Program for a New Pediatric Trauma Center. Poster presentation at the Western Pediatric Trauma Conferences, July 14-15, 2021. Virtual.

Kayli Lewis, MSN, RNC-MNN

Dextrose Gel for the Treatment of Newborn Hypoglycemia. Poster presentation at the Association of Women's Health, Obstetrics and Neonatal Nurses 2021 National Convention, October 10-13, 2021. Virtual.

Julya Miner DNP, RN, CPHRM, CPHQ, NEA-BC, LSSBB, RNC-OB, C-EFM

Infusing Joy. Keynote virtual presentation at the 2021 Annual Business Meeting of Sigma Mu Gamma-at-Large Chapter, June 1, 2021. Boise, Idaho.

Excellence in Postpartum Hemorrhage Care. Poster presentation at the 2021 American Society of Healthcare Risk Management Conference, October 2021. Virtual and in San Antonio, Texas.

Janice Preuit, DNP, APRN, NNP-BC

A Quality Improvement Program: Reducing Unplanned Extubations in the Neonatal Intensive Care Setting. Poster presentation at the National Association of Neonatal Nurses, September 13-15, 2021. Virtual.

Courtney Sant, BSN, RN; Kofi Bonnie, DNP, RPN, RN; Vibecke Thompson, MSN, RN; and Sam Fife, BSN, RN

Behavior Response Team (BRT) in Acute Psychiatric Settings. Podium presentation at the American Nurses Association of Idaho LEAP Conference, October 29, 2021. Virtual.

Krista Stadler, BSN, RN

Building a Virtual Hospital. Webinar presentation at the Nebraska Medicine Collaborative, Fall 2021. Virtual.

Team-Based Care – Nursing Default Care Model (Part 1). Webinar presentation at the American Organization for Nursing Leadership, Summer 2021. Virtual.

State Meeting Breakout Session – Idaho. Session leader at the Northwest Regional Telehealth Resource Center Annual Conference, April 2021. Virtual.

Keeping Providers Healthy and Committed to Virtual Care. Conference panelist at the Northwest Regional Telehealth Resource Center Annual Conference, April 2021. Virtual.

Julie Swanson, DNP, RN, NEA-BC

PATHS: Professional Advancement Through High-Performance and Skill. Poster presentation at the ANCC Pathway to Excellence Conference, November 11-13, 2021. Virtual and in Atlanta, Georgia.

2021 Awards and Congratulations

Laurel DeFoggi, BSN, RN, was accepted into the AHEC Scholars program, which promotes interprofessional collegiality with a focus on rural and underserved populations.

Andi Foley, DNP, RN APRN-CNS, EMT, ACCNS-AG, CEN, TCRN, CSM, FAEN:

- Elected to be 2022 Chairperson-Elect for Academy of Emergency Nursing.
- Completed Scrum Master training and certification.

Anna Quon, MBA HM, BSN, RN, AMB-BC:

- Selected for the American Academy of Ambulatory Care Nursing (AAACN) Nurse Sensitive Indicator Team.
- Selected for the American Nurses Credentialing Center (AACN) Content Expert Panel for the Ambulatory Nursing Certification exam.
- Appointed chairperson of the Nurse Leaders of Idaho (NLI) Education Committee.
- Selected for SLHS Nurse Scientist Apprenticeship.

April Slayden, RN, Air St. Luke’s transport nurse, was recognized with an Inspire Award by Inspire Excellence Idaho.

Krista Stadler, BSN, RN, was featured in the Johnson & Johnson Center for Health Worker Innovation Spotlight in partnership with the American Organization for Nursing Leadership.

Amber Weber, MSN-Ed, BSN, RNC-NIC, NPD-BC, was awarded the 2021 Carl A. Gray Memorial Award for Nursing Excellence by St. Luke’s Wood River Foundation and the Harvey Gray family.

2021 Scholarship and Conference Funds Recipients

Bledsoe Scholarship
Robert Goettig

BSU Return to Learn Scholarship
Aubrey Foote
Laura Fry

Cristler Memorial Endowment Scholarship
Kaitlyn Rivera

ER Nursing Endowment Scholarship
Samantha Gonzales

Leadership Scholarship
Tera Eskelsen
Lori Gray
Julia Koch

Magic Valley and Jerome Nursing Scholarship

Kaitlyn Elderkin

Nursing Scholarship

Donceya Bertalotto
Susanne Duncan
Kerry Heninger
Jane Mclean
Megan Mondragon
Ingrid Rich

Top Shelf Scholarship

Kayla Boozer
LuAnn Cook
Kelsey Hall
Erin Heise
Amber Marsh
Suzanne McReynolds
Madelaine Ryan
Stephanie York

Wood River Return to Learn Scholarship

Mary Beck
Jason Lyman
Brittney Ryan

St. Luke's Foundation Nursing Funds (Brown Funds, Nursing Education, Sharon Lee)

Betsy Ayers
Amy Bacca
Rick Bassett
Cynthia Bennett
Dani Boespflug
Elsa Cervantes

Nadine Eaton
Yvette Feldman
Jessica Fraire
Jessica Garner
Jennifer Graham
Arlene Harding
Aimee Hardt
Dori Healey
Toni Hebdon
Kendra Hibbard
Tara Hickman
Jennifer Hippe
Marylynn Hippe
Marylynn Hippe
Marissa Huebsch
Deb Jones
Kristen Koprowski
Shawna LaFollette
Ollie Landrum
Kayli Lewis
Cara Lopez
Nicholas McAllister
Patricia O'Neill
Carolee Price
Anna Quon
Shanae Rice

2021 DAISY Award Recipients

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day.

Kaelonnie Barzee, BSN, RN – Magic Valley Mother-Baby

Heather Callen, BSN, RN – Boise Labor and Delivery

Jocelyn Crisp, BSN, RN – Boise Pediatrics

Fadila Enfendic, BSN, RN – Boise Mother-Baby

Kelsey Hall, BSN, RN – Boise Emergency Department

Corey Hoover, BSN, RN – Nampa Medical/Surgical

Regan Kichne, RN – Nampa

Kehly Molloy, BSN, RN – Meridian PACU

Kathy Pizarro, RN – Nampa

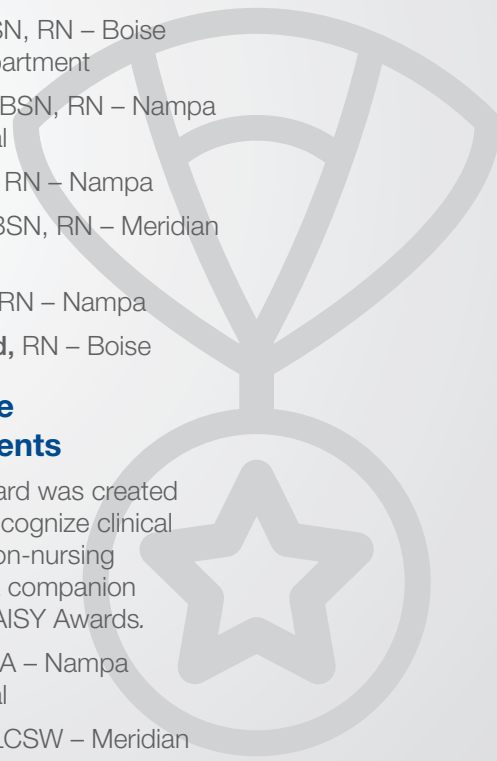
Cory Strickland, RN – Boise

2021 Sunshine Award Recipients

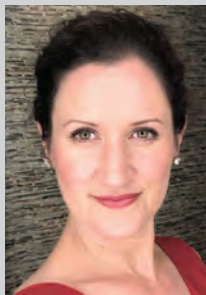
The Sunshine Award was created by St. Luke's to recognize clinical excellence by a non-nursing colleague and is a companion program to the DAISY Awards.

Julie Reed, CNA – Nampa Medical/Surgical

Ashley Trace, LCSW – Meridian Hospice



**2021
System Nursing
Excellence
Awards Winners**



**Exemplary Professional
Practice – Ambulatory**

Carrie Anstrand,
BSN, MS, RN, IBCLC,
Women's Services
Program Manager



**Exemplary Professional
Practice – Hospital**

Kylie King, BSN, RN,
CMSRN, Magic Valley IP
Medical Nurse



**Exemplary Professional
Practice – Hospital**

Nichole Santarone,
BSN, RNC-NIC, Boise
Neonatal Intensive Care
Unit Nurse



**Structural
Empowerment**

Siobhan Jameson,
ADN, BS, RN, CNOR,
Wood River Surgical
Services Nurse Circulator

RN Group Recognition

*Surge Cross-Training
Education Team*



Shannon Wilson, BSN,
RN, CPAN, Magic Valley
Clinical Educator



Lynda Peel, MSN, RN,
RN-BC, INS, CCRN-E,
System Clinical Learning
Program Manager



Judd Mendenhall,
BSN, RN, CEN, System
Clinical Educator



Monica Bachman,
MSN, RN, CPN, NPD-
BC, System Clinical
Educator



**New Knowledge,
Innovations and
Improvements**

Megyn Flood, BSN,
RNC-NIC, Nampa NICU
Clinical Educator



**New Knowledge,
Innovations &
Improvements**

Anna Quon, BSN,
MBA HA, RN, AMB-BC,
Nursing and Patient Care
Center of Excellence
Clinical Specialist



**Transformational
Leadership – New
Leader**

Jennifer Rablin, RN,
CMSRN, Wood River
Assistant Nurse Manager



**Transformational
Leadership –
Experienced Leader**

Cari Shuart, MSN, RN,
CEN, Meridian Emergency
Department Nurse



**Dana Gulbranson
Distinguished Nurse**

Brett Gustafson,
BSN, RN, Boise
Rehabilitation Hospital
Manager



Amber Weber, MSN-Ed,
RN, RNC-NIC, NPD-
BC, Wood River Clinical
Educator



Kendra Murri, BSN, RN,
System Clinical Educator
myStLuke's



Lexi Jensen, BSN, RN,
System Clinical Educator



Deb Jones, BSN, RN,
OCN, System Clinical
Educator myStLuke's

Not pictured:
Megan Boston,
BSN, RN, Boise
Clinical Educator

Michaelyn Muggli,
MSN, RN, NPD-
BC, CCRN-K,
CHSE, System
Clinical Educator



A Message From Chris Roth

Awesome.

You all are awesome . . . and inspiring.

The past year was, as many have said, to some extent a reboot of 2020, as COVID-19 continued its march through Idaho and among our communities, families and friends.

As we continued to learn about the not-so-novel coronavirus, and successful vaccines and treatments rolled out, this remarkable team stood its ground against misinformation, frustration and the “great resignation,” among many other headwinds.

There has been heartache and discouragement, loss and grief. At the same time, and largely due to this spectacular team of St. Luke’s nurses that I am so very proud of, there have been lifesaving miracles, remarkable successes and inspiring leadership.

Last summer, we welcomed St. Luke’s Chief Nurse Executive Elizabeth Steger. Elizabeth hit the ground running and has spent a great deal of time with all of you, listening to your concerns and responding thoughtfully and sensitively. Given your critical roles and responsibilities, and so as to elevate the clinical voice in our organization, it was important that Elizabeth have a direct line to me, and so that happened this year as well. I am so proud of her and of you; your willingness to step up to challenging times and circumstances, to collaborate and to innovate so we could continue to fulfill our mission on behalf of our neighbors and those in the communities we serve, has been inspiring.

In the many reports and communications that come across my desk, I see numerous examples every day of St. Luke’s nurses’ boldness on behalf of patients and their families. You are speaking up for safety. You are insisting on quality and the best possible outcomes. You have jumped into our Safety Together work with enthusiasm—and taken it farther, asking how it can be expanded and improved.

You are supporting each other and being each other’s advocates. You are answering the call for us to continue to build a culture that welcomes all and cares for all—regardless of culture, background and seeming differences—and striving to eliminate inequities having to do with medical treatment, preventive services and so much more. In all of your work, you are

looking for ways to improve patient access and ensure affordability.

Many of you know that my mother was a nurse. She was, in fact, the primary reason I chose a path in health care. She modeled for me at a young age what I see all of you modeling every day: grace, compassion and an unwavering focus on the patient.

As we continue to move through a very complicated time in health care and for our organization, I know that you will continue to show up with determination, resilience and a passion for the best patient care possible.

Your strength helps to keep us all going. For all that you do, thank you to St. Luke's awesome nurses!



Chris Roth
President and CEO





***Kehly Molloy, BSN, RN,**
Meridian PACU nurse, receives
a DAISY award for her
outstanding care of a patient.*

